Please type a plus sign (*) inside i	his box —	Ap U.S. Patent and Tra 	proved for use thro demark Office; U.S formation unless it or	rugh 10/31/2002. OMB 086 DEPARTMENT OF COMM ONDAINS 6 VAID OMB CONSTOL	1-0032 ÆRCE iumber.			
Please type a plus sign (*) inside this box Inder the Paparwork Reduction Act of 1995, no persons are require		Attorney Docket Num	ber SALES	SALES 3.0-034 CIP CIP CIP				
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		First Named Inventor	1	Larry Schwartz				
		CC	NOWN					
		Application Number 10/290,638						
Declaration x	X Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	November 8, 2002					
Submitted		Group Art Unit 3765						
Filing		Examiner Name	Not Yet Assigned					
METHOD OF MAKING FURNITURE WITH SYNTHETIC WOVEN MATERIAL (Title at the (invertibin)) the specification of which								
Is attached hereto OR x was filed on (MM/DD/YYYY) 11/08/2002 as United States Application Number or PCT international								
Application No. 10/290,638 and was amended on (MM/DD/YYYY) (if applicable).								
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as emended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for I acknowledge the duty to disclose information which became available between the filling date of the prior application and continuation-in-part application, material information which became available between the filling date of the prior application and the national or PCT international filling date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application which designated at least one								
I hereby claim foreign prioril inventor's or plant breader's country other than the Unite application for patent, inven before that of the application	ed States of America, listed Norse or plant breeder's right	below and have also ident its certificate(s), or of any F		application having a filin	ing costs			
Prior Foreign Application		Foreign Filling Date	Priority Not Claimed	Certified Copy Attack				
N _M mber(a)	Country	(MM/DD/YYY)	Tree Starting]			
- Advisord femine 3	ennication numbers are list	ed on a supplemental prior	fly data sheet PY	O/SB/02B attached here) 			

	plus sign (+) inside this box Inwork Reduction Act of 1995, n	persons are requi	oqsen od ber	0.0 of boa	Patent and Trade	PTO/SB/01 (03-0) roved for use through 10/31/2002. OMB 0651-003 omerk Office; U.S. DEPARTMENT OF COMMERC mistan unless it contains a valid OMB control numbe			
DECLARATION — Utility or Design Patent Application									
POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(a) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530									
Direct all com		stomer Number Ser Code Label		00	0530	OR Correspondence address below			
Name									
Address									
City				84	te	ZIP			
Country	·	Telephone				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful felse statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful felse statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INVENTOR: A polition has been filed for this uneigned inventor									
Given Name (first and mid	die [if any])	Larry		_	Family Name or Surname	Schwartz			
Inventor's Date 2/06/65									
Residence: C	ranklin Lakes	State	Un		States of US Citizenable				
Mailing Addrese: 379 Algonquin Road									
Fr City	anklin Lakes	NJ State	ZIP	07	417	United States of America			
NAME OF SECOND INVENTOR:					A petition I	has been fied for this unsigned inventor			
Given Name (Brst and middle (if any))					Family Name or Surname				
inventor's Signature Date						Date			
Residence: City State		Country			Citizenship				
Mailing Address:									
City		State	ZIP			Country			
Additional inventors are being named on the supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.									

LD-537\